

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 6, 2017

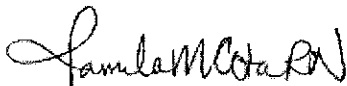
Mr. Dane Rank, Manager
Thompson Residential Home
80 Maple Street
Brattleboro, VT 05301

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 8, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



MAR 01 2017

PRINTED: 02/16/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/08/2017
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/7 & 2/8/17. There were regulatory findings.	R100		
R178 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to have sufficient qualified personnel available at all times to ensure prompt, appropriate action in cases of a fire emergency, resulting in 1 of 11 residents (Resident #1) being unsupervised during a facility wide evacuation. Findings include: On 8/18/16, during an on-site investigation, the facility's alarm system alarmed a little before 4:00 PM. The residents for the Residential Care Home (RCH) are housed on the second floor of the building and the administrator ordered a facility wide evacuation. During the evacuation process, the administrator accompanied residents onto the elevator, twice, in order to evacuate to the front of the building, through the main entrance. The nursing home Director of Nurses accompanied 3 (three) residents out of the building by using 1 (one) of the stairway exits. Dietary staff were assigned to the second floor to assist with evacuation and there was no one that	R178	Resident #1 and all Residential Care Facility residents were evaluated prior to release from Brattleboro Memorial Hospital. No adverse affect from fall noted. All Residential Facility Care Staff will be inserviced in the necessity for monitoring of residents during an evacuation. A specific reference shall be included in mandatory annual inservicing for all staff noting the importance of monitoring residents during an evacuation. All staff will receive this information yearly. Evidence of this inservice will be maintained by the RN Supervisor and audited quarterly with results reported to the Administrator <i>POC done 3.6.17 R178-R267 BB/</i>	08/18/16 03/06/17 03/06/17

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6399

PILD11

If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/08/2017
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R178	Continued From page 1 was in charge to direct staff of the duties to insure that all residents were evacuated from their rooms. This surveyor observed, on 3 (three) different occasions a staff member (a dietary assistant, followed a short time later by the social worker and then a member of the nursing staff), went through the closed double doors and opened closed doors to resident rooms, but did not enter the rooms to thoroughly check for the presence of residents. Resident #1, who has a diagnosis of repeated falls, anxiety disorder, muscle weakness and difficulty walking and is independent with ambulation, followed this surveyor and a dietary assistant down the stairwell that is located across from the elevator. Exit of the building by Resident #1 was through a fire exit at the back of the building and the dietary assistant was still present, but s/he left the resident to turn off a barbecue grill that was located across the parking lot on the back side of the building. Resident #1 continued to walk toward the front of the building, unattended by staff. Upon going around the corner of the building, and out of sight of the dietary assistant and all other staff or fire personnel that had responded to the fire alarm activation, the resident attempted to cross the lawn and tripped over the cement curbing and fell to the ground on his chest and stomach. S/he was unable to get up on his/her own but was able to get to his/her knees. The fire department responders and the dietary aide arrived and assisted him.	R178		
R267 SS=E	IX. PHYSICAL PLANT 9.1 Environment	R267	Thompson House has been working with the local Fire Chief and State Fire Marshall in changing our policy which had been approved by the local Fire Chief	08/19/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/08/2017
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R267	<p>Continued From page 2</p> <p>9.1.b All homes shall comply with all current applicable state and local rules, regulations, codes and ordinances. Where there is a difference between codes, the code with the higher standard shall apply.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to comply with all current state and local rules, regulations, codes and ordinances. Findings include:</p> <p>1.) Record review of evacuations from the facility indicated that evacuations of the residents from the Residential Care Home (RCH) is not occurring during fire drills. Per interview with the head of maintenance, the facility is awaiting final approval for fire doors which will allow the facility to "defend in place", which means they will be allowed to evacuate the residents to be housed behind the fire doors, instead of out of the building. The head of maintenance confirmed on 2/7/17 at 11:10 AM, that there is no record being kept of how long it takes a resident to evacuate from the RCH.</p> <p>2.) Per observation from this surveyor, on 8/18/16, during an on-site investigation, the facility's alarm system alarmed a little before 4:00 PM. The residents for the Residential Care Home (RCH) are housed on the second floor of the building and the administrator ordered a facility wide evacuation. During the evacuation process, the administrator accompanied residents onto the elevator, twice, in order to evacuate to the front of the building, through the main entrance.</p>	R267	<p>and was to defend in place as our construction, suppression, and alert systems allowed. The policy change was to include the requirement for Residential Facilities to (1) perform yearly evacuation and (2) maintain records of evaluations of residents for their ability and time to evacuate.</p> <p>After meeting with our state and local fire authorities, it was decided that we would install 1.5 rated fire doors on the second floor, separating the residential care portion from the nursing home. These have been installed and are in the process of final approval by the local Fire Chief.</p> <p>The evacuation plan for the Residential Care Facility was modified in accordance with the recommendations from the local Fire Chief and state Fire Marshall. Residential Care Facility residents will evacuated to the other side of the fire doors on the second floor. The final plan for evacuation of the Residential Care Facility will be approved by the Fire Chief</p> <p>All Residential Care Facility staff will be inserviced on the new evacuation plan prior to returning to work after 03/09/17.</p> <p>All Residents will be assessed for their ability to evacuate during a fire, and only residents able to evacuate in a reasonable time period will be admitted</p>	02/27/17	03/06/17
				03/09/17	03/14/17

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/08/2017
NAME OF PROVIDER OR SUPPLIER THOMPSON RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R267	Continued From page 3 The administrator, house manager, confirmed on 2/8/17 at 9:45 AM, that s/he evacuated seven (7) RCH residents from the second floor using the elevator, twice. S/he said no residents should have been evacuated on the elevator and that it is not part of the evacuation plan. S/he also confirmed that it is clearly marked on the outside panel of the elevator the warning not to use elevator in the event of fire. S/he further stated that s/he was the one responsible for calling for an evacuation after seeing smoke coming from a dryer in the laundry room that is housed in the basement.	R267	or retained as residents of the facility. Evaluations of residents shall be done upon admission and then yearly, during evacuation drills of the Residential Care Facility, and a record shall be kept in the resident chart. Resident evaluations will be audited quarterly with the results reported to the Administrator.	03/14/17 03/14/17	